



DEPARTMENT OF HUMAN SERVICES
SENIORS & PEOPLE WITH DISABILITIES SERVICES
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AUTHORIZED BY: _____

**SPDS Consumer Relations
Manager**

INFORMATION MEMORANDUM

SPDS-IM-01-071

Date: August 24, 2001

TO: SPDS District and Unit Managers
Area Agency on Aging Directors

SUBJECT: Medicare Train the Trainer Workshop

INFORMATION: The Centers for Medicare & Medicaid Services (formerly HC FA) is sponsoring a National Medicare Train the Trainer Workshop on September 13-14, 2001 in Salem.

The workshop is provided for trainers who train other information givers on Medicare program topics, information givers who share information with beneficiaries and volunteers/employees who provide services to Medicare beneficiaries.

The workshop is free of charge. Local SPDS/AAA offices are responsible for all related travel expenses, including lodging, which is available at the workshop location. Specific workshop and registration information is contained in the attached flyers. Obtain approval from your manager and register early - 60 spaces are available.

NOTE: We have made the registration an electronic form that can be filled in while viewing it in Adobe Acrobat Reader. After filling it in (you cannot save it), print and then FAX it to the Centers for Medicare & Medicaid Services as instructed on the form. If you have any problems, please print it out and fill it in manually.

If you have additional questions that are not answered in the content of the attached flyers, please contact either Andrew Tartella at 206-615-2412, atartella@cms.hhs.gov or Chris Martin at 206-615-2405, cmartin3@cms.hhs.gov at the Centers for Medicare & Medicaid Services.

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REACH 2001

National Medicare
Train the Trainer Workshop
September 13-14, 2001
Pacific Highway Inn
Salem, OR

We will share information about:

Medicare Basics
Rights and Protections
Medigap
Program Updates—including BIPA Changes
Coordination of Benefits
Disability and End-Stage Renal Disease
Training Methodology

You will head home with

- ψ Ready-to-use training modules
- ψ Disks/CDs of materials that can be easily reproduced
- ψ New resources—materials, phone numbers, email addresses
- ψ Training activities
- ψ The most current approved Medicare training materials
- ψ Innovative techniques for presenting Medicare information
- ψ A fresh perspective for assisting people with Medicare

Sponsored by the Centers for Medicare & Medicaid Services

Regional Education About Choices in Health—REACH 2001

Train-the-Trainer Workshop

Module Descriptions

Module I—*All About Medicare in 2001* (2 hours)

This module is a basic overview of the Medicare program. The materials—up-to-date and ready-to-use—are designed for information givers/trainers who are familiar with the Medicare program, and would like to have prepared information for their presentations. Where applicable, updates from recent legislation (BBRA and BIPA) are included.

Module II—*Rights and Protections for People with Medicare* (.5 hour)

This module will begin with an overview of beneficiary rights, including the right to confidentiality, and will outline the processes for appeals and grievances in both the Original Medicare Plan and Medicare + Choice Plans. The module will conclude with information on communication rights.

Module III—*Medigap* (1 hour)

This module explains Medigap, supplemental insurance policies that are vehicles for paying certain beneficiary health care costs not covered under Medicare. Also presented will be any relevant updates to Medigap generated by the BIPA. Exercises regarding determining a beneficiary's guaranteed issue rights will be conducted.

Module IV—*Medicare Program Updates* (3 hours)

This module describes details from the Benefits Improvement and Protection Act of 2000 (BIPA) and covers provisions specific to beneficiary needs. The module will discuss prior law, new provisions, impact, and important developments. This module will also explain recently implemented prospective payment systems and their impact on beneficiaries.

Module V—*Coordination of Benefits* (1.5 hours)

Some Medicare-eligible beneficiaries also have other health insurance plans or are eligible to have their health care costs paid for by other means. This module discusses when Medicare is the primary payer and when it is the secondary payer. It also focuses on specific situations, such as beneficiaries who are covered as military veterans under TRICARE.

Module VI—*Persons Entitled to Medicare Because of Disability* (1.5 hours)

This module focuses on those beneficiaries entitled to Medicare because of a disability. It will provide in depth information on eligibility, benefits, Medicare + Choice options, Medigap guaranteed issue rights, and legislative changes affecting this population.

Module VII—*Medicare Entitlement Because of End-Stage Renal Disease* (.5 hour)

This module contains program specifics for the beneficiary entitled to Medicare because of End-Stage Renal Disease (ESRD). It will also discuss any changes brought about by BIPA.

Module VIII—*Training Methodology* (2 hours)

This interactive module provides a “toolkit” of tips and techniques that can be used to develop and deliver a training program. It will provide information about adult audiences and learning styles, with an emphasis on designing activities and visual aids.

**Centers for Medicare & Medicaid Services
REACH 2001 Train-the-Trainer Workshop
Salem, OR—September 13-14, 2001**

TRAVEL AND LOGISTICS INFORMATION

What?—Regional Education About Choices in Health—REACH 2001 Train-the-Trainer Workshop sponsored by the Centers for Medicare & Medicaid Services (CMS)

Who?

- Trainers who train other information givers on Medicare program topics
- Information givers who share information with beneficiaries
- Volunteers/employees who provide services to Medicare beneficiaries

When?—Thursday, September 13, 2001 and Friday, September, 14, 2001

Where?— *Pacific Highway Inn - Best Western*
4646 Portland Rd. NE, Salem, OR 97305
(503) 390-3200

What You Need To Do To Attend

Lodging— You are responsible for making your own lodging arrangements.

Parking – There will be ample parking spaces available in the *Pacific Highway Inn* lot.

Transportation Reservations: You are responsible for making your own travel arrangements.

Once you have registered for the workshop, you will be sent a confirmation letter that will contain all the information you need in order to make arrangements to attend. It will include transportation information and necessary directions.

If you have logistics questions, please call/e-mail Andrew Tartella at 206-615-2412 / atartella@cms.hhs.gov or Chris Martin at 206-615-2405 / cmartin3@cms.hhs.gov

**Centers for Medicare & Medicaid Serves
REACH 2001 TRAIN-THE-TRAINER WORKSHOP
Registration Form**

Name: _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

I attended this workshop: ___ 1998 ___ 1999 ___ 2000 ___ Have not attended

Years of Related experience: ☐ Fewer than 1 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ More than 25

Please indicate the training workshop you will attend:

☐ Region 10: Salem, OR – September 13-14

I plan to attend: “ Both days of the workshop “ Day One only “ Day Two only

I will need Module 1 provided in both Spanish and English: “ Yes “ No

Please indicate your organization type below (please check the ONE that BEST describes who you represent):

☐ 1. CMS Regional Office

☐ 2. Office on Aging

☐ 3. Advocacy Group

☐ 4. Carrier

☐ 5. Fiscal Intermediary

☐ 6. Peer Review Organization

☐ 7. Social Security Administration

☐ 8. ESRD Network

☐ 9. Regional Home Health Intermediary

☐ 10. State Health Insurance Assistance Program

☐ 11. Department of Insurance

☐ 12. Beneficiary

☐ 13. Other: _____

Workshop Expectations

To help us to meet your training needs, please list below any questions, issues, or concerns that you would especially like to see addressed in the training session (refer to the enclosed workshop description).

Please indicate special needs or requests:

☐ Disability access ☐ ASL Interpreter ☐ Medical alert ☐ Other: _____

Explanation: _____

If you have questions, please call/e-mail Andrew Tartella at 206-615-2412 / atartella@cms.hhs.gov OR Chris Martin at 206-615-2405 / cmartin3@cms.hhs.gov To register:

**PLEASE FAX THIS COMPLETED FORM TO:
ANDREW TARTELLA, CENTERS FOR MEDICARE & MEDICAID SERVICES
206-615-2363**